



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

**FINANCIAL AND ADMINISTRATIVE
SERVICES
CUSTODIAN OF RECORDS**

JULIETTE POULSON, RN MN
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MAILING ADDRESS:
P.O. BOX 355
SANTA ANA, CA 92702

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**REQUEST FOR RECORDS INSTRUCTION SHEET FOR
ANIMAL CARE SERVICES**

Your Request will take approximately 5 to 7 working days to process.

The Health Care Agency charges \$0.15 per each page copied
PRINT all information.

Read this instruction sheet in it's entirety prior to completing the attached request form. To prevent untimely delays, all information is to be entered directly onto the attached request form.

SPECIFIC RECORDS REQUESTED: Under this section, advise as to the type of record you are requesting and the information as outlined below.

Bite Reports: name of victim, date of incident, address of occurrence, persons involved, dog description, owner's name if known, the activity #, any additional pertinent information.

Impound Reports: impound number, animal description, date of impound, owner information, the activity #, any additional pertinent information.

Dog vs Dog, Dog vs Cat, Dog vs Car, etc.: type of incident, date of incident, persons involved, animal description, owners information, the activity #, any additional pertinent information.

Other Requests: exact report you are requesting, all parties involved, date of occurrence, addresses of occurrence, the activity #, any additional pertinent information.

RECORDS ARE REQUIRED FOR THE PURPOSE OF: Under this section, specify why you are requesting these records, eg: law suit, personal information, restitution of damages, etc.

IN ACCORDANCE WITH GOVERNMENT CODE 6254

*****ALL CONFIDENTIAL NAMES AND INFORMATION WILL BE REMOVED*****

PRINT the above information on the attached request form. **PRINT** and sign your name. **PRINT** your complete mailing address, including ZIP Code, and your day-time phone number.

**UPON COMPLETION OF THE SEARCH FOR RECORDS, A LETTER OF CHARGES WILL BE
MAILED TO YOU.**

THE RECORDS WILL BE FORWARDED TO YOU UPON RECEIPT OF PAYMENT.

F042-01.1952



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REQUEST FOR ANIMAL CARE SERVICES RECORDS

The undersigned hereby requests a copy of the record prepared and maintained in the ordinary course of business concerned at or near the time of the act, condition, or event which they depict by the County of Orange Health Care Agency.

The records requested are public documents and are not protected by Federal or State confidentiality statutes. Nevertheless, should any confidential information pertaining to individuals or entities, corporations, partnerships, or organizations be inadvertently included in any of the records, the undersigned agrees to protect that confidentiality and recognizes that unauthorized release or disclosure of confidential information may make the undersigned subject to civil action under provision of Federal and California statutes.

The undersigned understands that the County will charge \$0.15 per page copied. If the request is to be cancelled, this office must be notified at the above number within ten (10) days of receipt of request, otherwise cost incurred will be charged to the undersigned.

TYPE OF INCIDENT (ACTIVITY #): _____
(DOG BITE, IMPOUND OF ANIMAL, DOG VS DOG, DOG VS CAT, DOG VS CAR, BARKING DOG, ETC)

DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____

PARTIES INVOLVED: _____

ANIMAL DESCRIPTION: _____
(TYPE OF ANIMAL, BREED, COLOR, SEX, AGE, NAME, ETC.)

REPORT(S) BEING REQUESTED: _____
(EX: DOG BITE ON ABOVE INCIDENT ONLY, ALL PRIOR COMPLAINTS FOR LAST 3 YEARS, ETC.)

Records are required for the purpose of: _____

SIGNATURE of Requester

PRINT Name of Requester (and Company Name - if applicable)

PRINT Street Address

Area Code & Phone Number

PRINT City, State & Zip Code

DATE

F042-01.1953